

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 11738.00144

First Inventor Dr. Ivan Osorio

Title Vagal Nerve Stimulation Techniques For Treatment Of Epileptic Seizures

Express Mail Label No. EV 306396061 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Commissioner for Patents
Mail Stop Patent Application
P.O. Box 1450
Alexandria VA 22313-1450

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages **38**]
(preferred arrangement set forth below)
- Descriptive title of the Invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table,
or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C.113) [Total Sheets **11**]
☒ Formal ☐ Informal
5. Oath or Declaration [Total Sheets **3**]
a. ☐ Newly executed (original or copy)
b. ☒ Copy from a prior application (37 CFR 1.63 (d))
(for a continuation/divisional with Box 18 completed)
i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
a. ☐ Computer Readable Form (CRF)
b. Specification Sequence Listing on:
i. ☐ CD-ROM or CD-R (2 copies); or
ii. ☐ paper
c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATIONS PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. 3.73(b) Statement ☐ Power of
(when there is an assignee) Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35
or its equivalent.
17. ☐ Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: 10 / 053,425

Prior application information:

Examiner Jeffrey Jastrzab

Art Unit: 3762

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number:**22908**or ☒ Correspondence address below

Name	Banner & Witcoff, Ltd.				
	Binal J. Patel				
Address	Ten South Wacker Drive				
	Suite 3000				
City	Chicago	State	IL	Zip Code	60606
Country	USA	Telephone	(312) 463-5000	Fax	(312) 463-5001

Name (Print/Type)	Binal J. Patel	Registration No. (Attorney/Agent)	42,065
Signature		Date	November 13, 2003

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.


 08245 U.S. PTO
107712975

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small; margin: 5px 0;">Effective 10/01/2003. Patent fees are subject to annual revision.</p>		<p>Complete if Known</p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	
		Filing Date	
		First Named Inventor Dr. Ivan Osorio	
		Examiner Name Jeffrey Jastrzab	
		Art Unit 3762	
TOTAL AMOUNT OF PAYMENT (\$) 2254		Attorney Docket No. 011738.00144	

<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input checked="" type="checkbox"/> None Order </p> <p> <input type="checkbox"/> Deposit Account: </p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> Deposit Account Number 19-0733 </div> <div style="width: 45%;"> Deposit Account Name Banner & Witcoff, LTD. </div> </div> <p style="font-size: x-small;">The Director is authorized to: (check all that apply)</p> <p> <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. </p>				<p>FEE CALCULATION (continued)</p>																																																																																																																																																																																																																																															
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1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																																																																															
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<p>SUBMITTED BY</p>				<p>Complete (if applicable)</p>	
Name (Print/Type)	Binal J. Patel	Registration No. (Attorney/Agent)	42,065	Telephone	(312) 463-5000
Signature				Date	November 13, 2003

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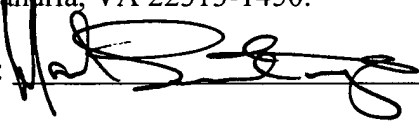
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By:  _____

Application of: Osorio et al.

Application No.: Not assigned

Filing Date: November 13, 2003

Title: Vagal Nerve Stimulation Techniques For Treatment Of Epileptic Seizures

Transmitted herewith are the following documents:

- X Transmittal Form (1 page) in duplicate
- X Fee Transmittal (1 page) in duplicate
- X Application Data Sheet (3 pages)
- X Specification (38 pages); Total claims 69; Independent 10
- X Formal Drawings (11 pages) Figs. 1-12B
- X Copy of executed Declaration from previous application (3 pages)
- X Return Postcard

Attorney Case No.: 11738.00144